

APR 17 2013

**UNITED STATES HOUSE OF REPRESENTATIVES**

For New Members, Candidates, and New Employees

Page 1 of 6  
LEGISLATIVE RESOURCE CENTER

18 APR 25 PM 12: 54

Name: **Douglas S. Chin**

Daytime Telephone: \_\_\_\_\_

**FINANCIAL DISCLOSURE STATEMENT**

**FORM B**

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: <b>Douglas S. Chin</b>		Daytime Telephone: _____
<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>August 11, 2018</u>		State: Hawaii District: 01  <input type="checkbox"/> Check if Amendment
FILER STATUS	New Officer or Employee  <input type="checkbox"/>	Staff Filer Type (If Applicable):  <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant Period Covered: January 1, 2012 to April 5, 2018
 (Office Use Only)		
A \$200 penalty shall be assessed against any individual who files more than 30 days late.		

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/>		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRAs distributions) of \$200 or more during the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Douglas S. Chir

Page 2 of 6

BLOCK A												BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income											
<p>(a) Each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only tickar symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Excluded:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly held with anyone (JT).</p> <p>In the optional column on the far left, for a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																															
SP, DC, JT		Examples:		EIF		Indefinite		Revolves		Partnership Income		Current Year		Preceding Year		I		II		III		IV		V		VI		VII		VIII		IX		X		XI		XII									
Mega Corp Stock		Simon & Schuster		X		X		X		X		None		\$1-\$1,000		\$1-\$200		\$201-\$1,000		\$1,001-\$2,500		\$2,501-\$5,000		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*			
ABC Hedge Fund				X								None		\$1-\$1,000		\$1-\$200		\$201-\$1,000		\$1,001-\$2,500		\$2,501-\$5,000		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*							
T Rowe Retirement 2030 INV				X								None		\$1-\$200		\$201-\$1,000		\$1,001-\$2,500		\$2,501-\$5,000		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*									
Fidelity Hawaiian Dredging Construction Profit Sharing Plan - FID Freedom 2035				X								None		\$1-\$200		\$201-\$1,000		\$1,001-\$2,500		\$2,501-\$5,000		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*									
Fidelity Kajima Profit Sharing Plan SP FID Freedom 2040K				X								None		\$1-\$200		\$201-\$1,000		\$1,001-\$2,500		\$2,501-\$5,000		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$1,000,000		\$1,000,001-\$5,000,000		\$5,000,001-\$25,000,000		\$25,000,001-\$50,000,000		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*									

## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: Douglas S. Chim

Page 3 of 6

**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

Name: Douglas S. Chim

Page 4 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the sources for other spouses earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.			
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$78,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
State of Hawai'i	Salary	\$44,268	\$144,289
Hawaiian Dredging Construction Co.	Spouse Salary	N/A	N/A

**Use additional sheets if more space is required.**

## SCHEDULE D - LIABILITIES

Name: Douglas S. Chir

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (*i.e.*, credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

Liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.											
SP, JR DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001- \$15,000							
				\$15,001- \$50,000							
				\$50,001- \$100,000							
				\$100,001- \$250,000							
				\$250,001- \$500,000							
				\$500,001- \$1,000,000							
				\$1,000,001- \$5,000,000							
				\$5,000,001- \$25,000,000							
				\$25,000,001- \$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							
DC1	Example Missouri Higher Ed Loan	5/98 8/16	Mortgage on Rental Property, Dover, DE Student Loan	X							

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year.** **First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Position	Name of Organization	Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. <b>Exclude:</b> Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. <b>New Members</b> and <b>second-year candidates</b> report positions held in the reporting period and the current calendar year. <b>First-year candidates</b> and <b>new employees</b> report positions held in the current calendar year and two previous years.
Executive Committee (Uncompensated)	National Association of Attorneys General	(7/16 – 2/18)
Executive Committee (Uncompensated)	Conference of Western Attorneys General	(7/16 – 2/18)
Director (Uncompensated)	Progressive State Leaders	(7/17 – 12/17)
Director (Uncompensated)	American Judicature Society	(1/07 – Present)

Use additional sheets if more space is required.

## SCHEDULE F – AGREEMENTS

Name: Douglas S. Chin

Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
3/13/2015	Filer and Carlsmith Ball LLP	Continuing participation in a defined benefit retirement plan managed by former employer. Employer no longer contributes to the plan.

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

**Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **E**xclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **D**o not repeat information listed on Schedule C.**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>two</u> prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. <b>Exclude:</b> Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. <b>Do not repeat information listed on Schedule C.</b>	
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homestead	Accounting Services
N/A	

**Use additional sheets if more space is required.**